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GLAXO WELLCOME

APPLICATION WI () Declaration submitted with in	TH POWER OF ATTOR	Y OR DESIGN PATENT RNEY	ATTORNBY'S DOCKE PU4727-1 First Named Inventor: BUXTON
		Q (15)	
() Declaration submitted with in		•	DUATON
ļ.			Complete if known App No.:
() Declaration submitted afte	er initial filing (surcharge required 370	CFR1.16(e))	Filing Date
			Group Art Unit:
As below nar	med inventor. I hereby declare that:		
My residence, post off	fice address and citizenship are as state	ed below next to my name.	
I believe I am the original names are listed entitled:	inal, first and sole inventor (if only on I below) of the subject matter which is	e name is listed below) or an original, fin claimed and for which a patent is sough	est and joint inventor to the invention
	NOVEL FORMULATIONS A	ND METHOD OF TREATMENT	
the specification of wh	nich (check only one item below):		
[]is attached hereto. OR			
[X] was filed on as U	Inited States application Serial No*	10/726,752 or PCT International	·
Application Number applicable)	filed 02 December 2003 an	d was amended on (MM/DD/YYYY)	
I hereby state that I have amended by any amend	ve reviewed and understand the conten iment specifically referred to above.	ಚ of the above-identified specification, i	ncluding the claims,
	to disclose information which is mate.	rial to patentability as defined in 37 CFR	§1.56.
hereby claim foreign priority be	enefits under 35 U.S.C. §119 (a)-(d) o	r §365(b) of any foreign applications(s)	for patent or inventor
America, listed below and have a	also identified below by sheeting of	aled at least one country other than the L	Jnited States of
r of any PCT international appli	ication having a filing date before that	oox, any foreign application for patent o of the application on which priority is cl	r inventor's certificat
Prior Foreign Application	ATRIOTATT CLATING UNDER 35 (LS.C. 119:	anneo:
Number (s)	Country	Foreign Filing Date	PRIORITY
. 0217493.6	GB	(MM/DD/YYYY))	CLAIMED
. 0217492.8	GB	29 July 2002	X
. 0313801.3	GB	29 July 2002	X
	1	13 June 2003	X
	itle 35, United States Code \$119(e) o	fany United States provisional	
hereby claim the benefit under T Application No.	Title 35, United States Code §119(e) of Filing	f any United States provisional application	on(s) listed below:
hereby claim the benefit under T	Filing	f any United States provisional application	on(s) listed below:

MAY 2 R 2004

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTURNEY'S DOCKET MIMBER PU4727-1

I hereby claim the benefit under 35. U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT	APPLICATION or P	CT PARENT APPLICATION

		S	TATUS (Check o	ne)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		Х	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEPPENBROCK 919 483 1577

				
1 . [FULL NAME	PAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/ENITIAL
2	OF INVENTOR	BUXTON	IAN	RICHARD
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I L	SIGNATURE			
1 º F	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 L	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	GB
ľ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & 21F CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
<u></u>		Five Moore Drive, PO Box 13398	ľ	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CURRIE	Robin	1
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0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
1	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	US
1 _ !	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	address	GlaxoSmithKline	Rescarch Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
r J	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DELA-CRUZ	MYRNA	A
1 1	INVENTOR'S	Signature		Date
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i L	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	CA
1 . 1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	•	·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODSON	GARY	WAYNE
1 1	INVENTOR'S	Signatural Stayme !	/ /	Dates
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l -	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	US
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	INVENTOR'S SIGNATURE		WEODZIMIERZ	Dates
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•	CITIZENSHIP	MISSISSAUGA	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OPPICE ADDRESS	ONTARIO, CA	CA
4	ADDRESS	GlaxoSmithKline	CITY	STATE & 21P CODE/COUNTRY
•	ADDRESS		Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
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2	OF INVENTOR	MALEKI	MEHRAN	
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2	OF INVENTOR	IYER	VIJAY	MOHAN
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4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		1401111 Caronna 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2 <u>L</u>	OP INVENTOR	MUPPIRALA	GOPAL	SECOND GIVEN NAMEZINITIAL
Г	INVENTOR'S	Signature	TOOTAL	Dates
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L	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP
1	POST OFFICE	POST OFFICE ADDRESS	crry	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Continue 27700 IIO
1		Five Moore Drive, PO Box 13398		North Carolina 27709, US
Г	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	PARR	ALAN	SECOND GIVEN NAME/INITIAL
ĺ	INVENTOR'S	Signature	112/111	FRANK
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L	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	US
- 1	POST OFFICE	POST OFFICE ADDRESS	City CAROLITA, US	STATE & 2LF CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	Name Caratina and a second
		Five Moore Drive, PO Box 13398		North Carolina 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2 <u> </u>	OP INVENTOR	SIDHU	JAGDEV	SECOND GIVEN NAME/INITIAL
	INVENTOR'S	Signature	JAGUET	SINGH
L	SIGNATURE			· Dates
o [RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COLUMNIA
L	CITIZENSHIP	HARLOW	ESSEX, GB	COUNTRY OF CITIZENSHIP
- 1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	
		Five Moore Drive, PO Box 13398	ALTHINGTE FAIR	North Carolina 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
₂ L	OP INVENTOR	STAGNER		SECOND GIVEN NAME/INITIAL
	INVENTOR'S	STAGNER, White Mayor	ROBERT	ALLEN
	SIGNATURE	Merca aller Meters		Date: 4/30/2004
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GLAXO WELLCOME

FULL NAME FAMILY NAME FIRST CIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR VIJAY-KUMAR **AKUNURI** VENKATA INVENTOR'S SIGNATURE RESIDENCE & STATE OR POREIGN COUNTRY MISSISSAUGA
POST OFFICE ADDRESS
GlaxoSmithKline COUNTRY OF CITIZENSHIP CITIZENSHIP ONTARIO, CA IN POST OFFICE STATE 4 21 CODE/COUNTRY
North Carolina 27709, US ADDRESS Research Triangle Park Five Moore Drive, PO Box 13398

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	RATION FOR UTILITY		ATTORNEY'S DOCKET
APPLICATION WITH	H POWER OF ATTORNE	Y	PU4727-1 First Named Inventor:
•			BUXTON
	;	•	Complete If known:
() Declaration submitted with initia	I filing or		App No.:
() Declaration submitted after in	nitial filing (surcharge required 37CFR	.16(e))	Filing Date
			Group Art Unit:
As below name	d inventor. I hereby declare that:		<u> </u>
My residence, post office	e address and citizenship are as stated b	elow next to my name.	
believe I am the origina plural names are listed b entitled:	al, first and sole inventor (if only one neelow) of the subject matter which is cla	ome is listed below) or an original, interest is sough	first and joint inventor (i tht on the invention
•	NOVEL FORMULATIONS AND	METHOD OF TREATMENT	
the specification of whic	h (check only one item below):		
[]is attached hereto. OR	:		
[x] was filed on as Uni	ited States application Serial No*10/	or PCT International	
Application Number applicable)	filed 02 December 2003 and	vas amended on (MM/DD/YYYY)	(i
I hereby state that I have as amended by any amer	reviewed and understand the contents adment specifically referred to above.	of the above-identified specification	, including the claims,
I acknowledge the duty t	o disclose information which is materia	I to patentability as defined in 37 C	FR §1.56.
nventor's certificate or 365(a) of a States of America, listed below ar	nefits under 35 U.S.C. §119 (a)-(d) or § any PCT international application whic ad have also identified below, by check	h designated at least one country of ng the box, any foreign application	her than the United for patent or inventor's
PRIOR FOREIGN AND ANY I	onal application having a filing date be PRIORITY CLAIMS UNDER 35 U.S	fore that of the application on which	n priority is claimed:
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY
Number (s) 1. 0217493.6	GB .	(MM/DD/YYYY))	CLAIMED
2. 0217492,8	GB .	29 July 2002 29 July 2002	X
3. 0313801.3	GB	13 June 2003	$\frac{\lambda}{x}$
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	itle 35, United States Code §119(e) of		cation(s) listed below:
Application No.	Filing D	ate (MM/DD/YYYY)	
2.			

2 8 2004

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT

PIJ4727-1

APPLICATION WITH POWER OF ATTORNEY Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of I hereby claim the benefit under 35, U.S.C. § 120 of any United States application or § 765(c) of any PCT international application designating the United States of listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to parentability as defined in 37 C.P.R. § 1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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PRIOR U.S. PARENT APPLICATION	N or PCT PARENT APPLICATIO	N	STATUS (C	heck one)	
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Number	(MM/DD/YYYY) 29 July 2003	<u> </u>	X		1
10/629/177	29 July 2003		Customer Numbers	provided below to pros	secute C

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute t and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEPPENBROCK 919 483 1577

	FULL NAME	tion or any patent issuing thereon.	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
١	OF INVENTOR INVENTOR'S	BUXTON		Date:
,	RESIDENCE &	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CITIZENSELY CB
	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlavoSmithKline	Research Triangle Park	STATE & 22P CORE/COUNTRY North Carolina 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398	PERST GEVEN NAME Robin	SYCOND GIVEN NAMOUNITIAL
2	OF INVENTOR INVENTOR'S	CURRIE Biganage	ANDIA	(Da4a:
0	SIGNATURE RESIDENCE &	DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITEZENSEUP US
	POST OFFICE	FOST OFFICE ADDRESS GlaxoSmithKline	City Research Triangle Park	North Carolina 27709, US
2 	ADDRESS	Five Moore Drive, PO Box 13398	PERST GIVEN NAME	SECOND GIVEN NAMEANITIAL
2	FULL NAME OF INVENTOR	PAMILY MAME DELA-CRUZ	MYRNA	Days
	INVENTOR'S SIGNATURE	Signature	STATE OR FOREIGN COUNTRY	COUNTRY OF CITZENSBUP
oʻ	RESIDENCE & CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	STATE & 2D CODE/COUNTRY
3	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Hox 13398	Research Triangle Park	North Carolina 27709, US
2'	FULL NAME OF INVENTOR	FAMILY NAME GOODSON	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL. WAYNE
~	INVENTOR'S SIGNATURE	Signature	STATE OR POREICN COUNTRY	COUNTRY OF CETEZENSAU
0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	STATE & ZD CODE/COUNTRY
4	POST OFFICE ADDRESS	ClaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

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& THAINES	FULL NAME OF INVENTOR	KAROLAK	PRST GIVEN NAME WLODZIMIERZ	SECOND GIVEN NAME INITIAL
i	INVENTOR'S SIGNATURE	Strongure	·	Delet
. 0	RESIDENCE & CITIZENSHIP	MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP
- I -	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIY CODE COUNTRY
-4	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
·	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	
.2	OF INVENTOR	MALEKI	MEHRAN	SECOND GIVEN NAMEANITIAL
	INVENTOR'S SIGNATURE	Signature		Date
'0	RESIDENCE &	MISSISSAUGA	ONTARIO, CA	CA
1 :	POST OFFICE	POST OFFICE ADDRESS	city	STATE & 25 CODE/COUNTRY
] :⁴	ADDRESS	GlazoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
'2	FULL NAME OF INVENTOR	FAMILY NAME IYER	PERST GIVEN NAMES VIJAY	SECOND GIVEN NAMEZINITEAL MOHAN
:	INVENTOR'S SICNATURE	Signature		Paler
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	CITIZENSHIP POST OFFICE	MISSISSAUGA POST GYPICE ADDRESS	ONTARIO, CA	CA
4	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	MUPPIRALA	FIRST GIVEN NAME	SECOND GIVEN NAME INITIAL
	INVENTOR'S	Sparore	GOPAL	Date:
٥	SIGNATURE RESIDENCE &	Crity	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP POST OFFICE	DURHAM FOST OFFICE ADDRESS	NORTH CAROLINA, US	US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
 	FULL NAME	Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	
2	OF INVENTOR	PARR	ALAN	SECOND GIVEN NAMEZINITIAL FRANK
	INVENTOR'S SIGNATURE	Signature Clarkrant Par	٠	OG May 2004 COUNTRY OF CITIZENSHIP
°	RESIDENCE & CITIZENSHIP	DURHAM	STATE OF FOREIGN COUNTRY NORTH CAROLINA, US	US COUNTRY OF CITIZENNHIP
4	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlavoSmithKline	Criv Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	SIDHU	JAGDEV	SECOND GIVEN NAMUINITIAL SINGH
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٥	RESIDENCE & CITIZENSHIP	HARLOW	STATE OF FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP
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4	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
, , , , , , , , , , , , , , , , , , ,	FULL NAME OF INVENTOR	FAMILY PAME STAGNER	YIRST GIVEN NAME	SECOND GIVEN NAMEZINITIAL
2	INVENTOR'S	Signature	ROBERT	Dase:
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1	CITIZENSHIP POST OFFICE	DURHAM FOST OFFICE ADDRESS	NORTH CAROLINA, US	US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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F 20/15	OF IMACIALOR	VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAMEZINITIAL VENKATA
	INVENTOR'S SIGNATURE	Silvenist		Omer
. 0	RESIDENCE & CITIZENSHIP	MISSISSAUGA	STATE OR YOREIGH COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Filing Date (MM/DD/YYYY)

5.

2.

ADDRESS

GlaxoSmithKline

Five Moore Drive, PO Box 13398

CONBINED DECLARATION FOR UTILITY OF DESIGN PATENT

ATTORNEY'S DOCKET NUMBER PU4727-1 1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT

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ER OF ATTORNE	Y: As a named inventor I be	reby appoint the ametrical			
ute this application a	and to transact all business in	the Putent and Trade	associated with the	Customer Numbers	provided below to
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by declare that all	statements made herein of	my own knowledge are true	and that all stat	ements made on in	formation and ball
reveu to be true; a	nd further that these statem	nents were made with the ki	nowledge that w	illful false statemen	romanon and belle
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FULL NAME	FAMILY NAME	FIDCH CHAPTER			<u> </u>
OF INVENTOR	BUXTON		ı.	SECOND GIVEN NAM	E/INTTIAL
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		STATE OR FORKI	NCOUNTRY	COUNTRY OF CITIZEN	SUID
	POST OFFICE ADDRESS	ONTARIO,	CA	GB	
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1		North		Ontario L5N 61	A, CA
FULL NAME	PANULY NAME			1	
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122/000	Five Moore Press 700	Research Tri	angle Park	North Carolina	27709, US
FULL NAME	PAMILY NAME				-,
			-	SECOND GIVEN NAME	INITIAL
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	CITY /	STATE OF FOREIGH	COUNTRY	17 Marca	2004
		ONTARIO. C	A	CA CA	HIP
		CTTY			NTEV
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FILL NAME	1333 Mississauga Road I				·, ~12
		FIRST GIVEN NAME		SECUND GIVEN NAME	NITIAL
INVENTOR'S		GARY		WAYNE	4 14 4 MY M
SIGNATURE		•		Date:	
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Research Triangle Park

STATE & ZIF CODE/COUNTRY

North Carolina 27709, US

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4	ADDRESS	GlaxoSmithKline	Mississanga	STATE & ZIP CODE/COUNTRY
		7333 Mississauga Road North	,	Ontario L5N 6L4, CA
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		7333 Mississauga Road North		Ontario LSN 6L4, CA
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^	OF INVENTOR INVENTOR'S	IYER	VIJAY	MOHAN
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4	ADDRESS	GlaxoSmithKline	CITY Mississauga	STATE & ZIP CODE/COUNTRY
		7333 Mississauga Road North	, ATAISSISSAUKA	Ontario L5N 6L4, CA
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4	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
<u>. </u>		Five Moore Drive, PO Box 13398	Trees of Liablic Lark	North Carolina 27709, US
₂ T	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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.		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR INVENTOR'S	FAMILY NAME VIJAY-KUMAR Signaler	PIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
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<u> </u>	ADDRESS	GlaxoSmithKline 7333 Mississauga Rond North	Mississauga :	Ontario LSN 6L4, CA

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As below name	d inventor. I here	by declare that:			
' My residence, post office	e address and citi:	zenship are as stated belo	ow next to my name.	•	
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I hereby claim foreign priority be	nefits under 35 U.	S.C. §119 (a)-(d) or §36	5(b) of any foreign applications	s) for patent or in	ventor's certific
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2. 0217492.8		GB	29 July 2002		X
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I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of an	y United States provisional applic	anon(s) usted b	310W.
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU4727-1

I hereby claim the benefit under 35, U.S.C. \$120 of any United States application or \$365(c) of any PCT international application designating the United States of I hereby claim the benefit under 35, U.S.C. §120 of any United States application or \$300(c) in any PC1 international application assignment one united States or PCT International application is not disclosed in the prior United States or PCT International application in provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to parentability as defined in 37 C.P.R. §1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application;

FIGUR U.S. PARENT APPLICATIO	ON OF PCT PARENT APPLICATION	7		
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute t and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bounie DEPPENBROCK

2	FULL NAME	PANILY HAME	FIRST CIVEN NAME	
4	OF INVENTOR	BUXTON	IAN	SECOND GIVEN NAME/POTTAL
	INVENTOR'S	Signature	.1 221	RICHARD
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-	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
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2	OF INVENTOR	DELA-CRUZ	PURST GIVEN NAME	SECOND CIVEN NAME/INITIAL
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OF INVENTOR	IYER	VIJAY	MOHAN
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F INVENTOR	STOHU , ,	JAGDEV	SINGH
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		Research Triangle Park	North Carolina 27709, US
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2'	FULL NAME OF INVENTOR	PAMILY NAME VIJAY-KUMA'R	PIRST, GIVEN NAME AKUNURI	SECOND GIVEN NAMEZINITIAL VENKATA	
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4.	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	North Carolina 27709, US	,
	·	Five Moore Drive, PO Box 13398	•		

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OMBINED DECLAR	ATION FOR UTILITY OR	DESIGN PATENT	ATTORNEY'S DOCKET PU4727-1
DDI ICATION WITH	POWER OF ATTORNEY		First Named Inventor:
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) Declaration submitted after initi	al filing (surcharge required 37CFR1.16	(e))	Filing Date
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As below named	inventor. I hereby declare that:		<u> </u>
	address and citizenship are as stated belo	w next to my name.	
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I believe I am the original, plural names are listed bel entitled:	first and sole inventor (if only one name ow) of the subject matter which is claim	e is listed below) or an onginal, ed and for which a patent is sou	ght on the invention
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the specification of which	(check only one item below):		
[]is attached hereto.			
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applicable)	filed 02 December 2003 and wa		
	reviewed and understand the contents of	the above-identified specificati	on, including the claims, a
I hereby state that I have	ent specifically referred to above.		
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	nefits under 35 U.S.C. §119 (a)-(d) or §3	65(b) of any foreign application	15(s) for patent or inventor
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America, listed below and have al	so identified below, by checking the box	, any foreign application for par	iont of inventor's certificat
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Prior Foreign Application Number (s)	Country	(MM/DD/YYYY))	CLAIMED_
444040	GB	29 July 2002	X
1. 0217493.6 2. 0217492.8	GB	29 July 2002	X X
3. 0313801.3	GB	13 June 2003	
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			ulination(s) listed below
I hereby claim the benefit under	Fitle 35, United States Code §119(e) of	iny United States provisional ap	prication(s) risted below.
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OMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET

PU4727-1

thereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	PCT PARENT APPLICAT	ION		
PRIOR U.S. PARENT APPEICATION		S	TATUS (Check	one)
U.S. Parent Application or PCT Parent	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
Number 10/629/177	29 July 2003		X	
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

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Bonnie DEPPENBROCK 919 483 1577

<u>.</u>	FULL NAME	PAMILY NAME	FIRST CIVEN NAME IAN	SECOND GIVEN HAMEANITIAL RICHARD
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	INVENTOR'S	Signature		
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	CITTZENSHIP_	MISSISSAUGA	CITY	STATE A ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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	FULL NAME	PAMILY NAME	Robin	
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	INVENTOR'S	Signatur		27-Ap-11-2004
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0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
_	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	ADDRESS	Five Moore Drive, PO Box 13398	-	
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	DELA-CRUZ	MYRNA	A
2	OF INVENTOR	Signature Signature		Date
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	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
3	ADDRESS	Five Moore Drive, PO Box 13398		
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME	GOODSON	GARY	WAYNE
?	OF INVENTOR		9 /	27- April-2004
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4	ADDRESS	Five Moore Drive, PO Box 13398		

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2	OF INVENTOR	KAROLAK Sienamre	WEODERMIERE	Date
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c	RESIDENCE & CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	<u>CA</u>
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIF CODP/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
`		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FERST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	CITIZENSHIP	POST OFFICE ADDRESS	CLLA	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	IYER	VIJAY	MOHAN
4	INVENTOR'S	Signature		Dates
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0	RESIDENCE &	CITY	STATE OR FORBIGN COUNTRY	CA
-	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	redonien indipie	
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME MUPPIRALA	GOPAL	
2	OF INVENTOR	MUPPIRALA GUAL		Date:
	INVENTOR'S	Of Chester A.		<u> </u>
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0	CITIZENSHIP	DURIIAM	NORTH CAROLINA, US	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	HOLD CHIOMIC 21103) CD
-		Five Moore Drive, PO Box 13398		SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME ALAN	FRANK
2	OF INVENTOR	PARR	ALAN	Date:
	INVENTOR'S	Signature		
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0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEZINITIAL
2	OF INVENTOR	SIDHU	JAGDEV	SINGH
-	INVENTOR'S	Signature		D9162
	SIGNATURE	<u> </u>	STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	ESSEX, GB	AU
	CITIZENSHIP	HARLOW	crry	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	Five Moore Drive, PO Box 13398		
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2	OF INVENTOR	SI-MAN AND AND AND AND AND AND AND AND AND A		Date: 1/20 7014
	INVENTOR'S SIGNATURE	What allustiger		COUNTRY OF CITIZENSHIP
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0	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY Triangle Pork	North Carolina 27709, US
4		GlaxoSmithKline	Research Triangle Park	1401 th Caromia 27707, CD
4	ADDRESS	Five Moore Drive, PO Box 1339		

2	FULL NAME OF INVENTOR INVENTOR'S	PAMILY NAME VIJAY-KUMAR Signifure	MRST GIVEN NAME AKUNURI	VENKATA Dau:
0	SIGNATURE RESIDENCE & CITIZENSHIP	MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN STATE & ZIP CODE/COUNTRY
4	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

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OMBINED DECLARAI	IUN FOR CATTORNEY	F	irst Named Inventor:
PPLICATION WITH PO)WER OF ATTORNES	(3	BUXTON
•		T-	Complete if known:
			App No.:
Declaration submitted with Initial filing	g of	Ļ	
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Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Group Art Unit:
As below named inv	ventor. I hereby declare that:		
an effice add	dress and citizenship are as stated below next to	my name.	
I believe I am the original, fi plural names are listed below	irst and sole inventor (if only one name is listed v) of the subject matter which is claimed and fo	below) or an original, to the which a patent is sough	irst and joint inventor (11 ht on the invention
Ţ	NOVEL FORMULATIONS AND METHOD	OF TREATMENT	
the specification of which (check only one item below):		
[]is attached hereto. OR [x] was filed on as United	d States application Serial No. *10/726,752	or PCT International	
Application Number	filed 02 December 2003 and was amend	ed on (MM/DD/YYYY)	
~PF ,	the contents of the abo	ve-identified specification	on, including the claims,
anded by any amenu	eviewed and understand the contents of the aboument specifically referred to above.		
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I hereby claim foreign priority bene	efits under 35 U.S.C. §119 (a)-(d) or §365(b) of any PCT international application which designate have also identified below, by checking the books are the polymerical properties.	ated at least one country	other than the United
States of America, listed below and	that have also identified below, by checking the bound application having a filing date before that DIORITY CLAIMS UNDER 35 U.S.C. 119:	of the application on wil	ich priority to
certificate of of any FOT MINES	MORE	Foreign Filing Date	PRIORITY
Prior Foreign Application	Country	(MM/DD/YYYY))	CLAIMED
Number (s)		29 July 2002	X
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	13 June 2003	X
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I hereby claim the benefit under	Title 35, United States Code § 119(e) of any United	(ODOVVVV)	
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COMBINED DECLARATION FOR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insofar as the ambject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application is provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to parentability as defined in 37 C.P.R. §1.56 available between the filing date of the prior application(s) and the national or PCF international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent (MM/DD/YYYY)

Number 29 July 2003

STATUS (Check one)

PATENTED PENDING ABANDONED

X

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute t and to transact all business in the Patent and Trademark Office connected therewith

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Bonnie DEPPENBROCK 919 483 1577

e vant	FULL NAME	ion or any patent issuing thereon.	FIRST GIVEN NAME	SECOND GIVEN RAME/POTTAL RICHARD
	OF INVENTOR	BUXTON	IAN	Date:
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_	ADDRESS	GlavoSmithKline	Research Triangle Park	Mortin Constant of the
1	ADDRESS :	Five Moore Drive, PO Box 13398		SECOND CIVEN NAME/INITIAL
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	FULL NAME	CURRIE	Robin	
2	OF INVENTOR			Dwee
	INVENTOR'S	Signature		
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2	OF INVENTOR	DELA-CRUZ	MYRNA	Deto
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2	OF INVENTOR	GOODSON		Dates
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4	ADDRESS	GlaxoSmithKline		
		Five Moore Drive, PO Box 13398		

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	FULL NAME	PAMILY NAME	MEHRAN	
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4	address	Five Moore Drive, PO Box 13398		SECOND GIVEN NAMEZINITIAL
		Five Moore Drive, 1 C 222	FIRST GIVEN NAME	
	FULL NAME	FAMILY NAME	VIJAY	MOHAN
2	OF INVENTOR	IYER		Date:
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1	CITIZENSHIP	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
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4	ADDRESS	Five Moore Drive, PO Box 13398		
		Five Moore Drive, 1 C Day 1223	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	PAMILY NAME	GOPAL	
2	OF INVENTOR	MUPPIRALA	<u></u>	Date:
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	CITIZENSHIP	POST OFFICE ADDRESS	cm	North Carolina 27709, US
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	Motti Caronna 21
4	ADDRESS	Five Moore Drive, PO Box 13398		SECOND GIVEN NAME/INITIAL
	<u> </u>	FAMILY NAME	FIRST GIVEN NAME	FRANK
	FULL NAME	PARR	ALAN	
2	OF INVENTOR			Date of Mariadas
	INVENTOR'S	TSIGNATION AND TOURS		OL May 2004
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9	RESIDENCE &	DURHAM	NORTH CAROLINA, US	STATE & ZUP CODE/COUNTRY
	CITIZENSHIP	POST OFFICE ADDRESS	City	North Carolina 27709, US
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4	ADDRESS	Five Moore Drive, PO Box 1339	8 \	SECOND GIVEN NAMEZINITIAL
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	FULL NAME		ROBERT	ALLEN Date:
2	OF INVENTO			Date
1	INVENTOR	-		COUNTRY OF CITIZENSHIP
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l	CTTIZENSHI	C POST OFFICE ADDRESS	Oly Tylongle Perk	North Carolina 27709, US
1 .	POST OFFIC ADDRESS	ClayoSmitbKlinc	Research Triangle Park	
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,	FULL NAME OF INVENTOR	VIJAY-KUMAK	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA Date:
	CILICAL TOURS	MISSISSAUGA	STATE ON FOREIGN COUNTRY ONTARIO, CA CITY	COUNTRY OF CHYZENSHIP IN STATE & ZIP CODESCOUNTRY North Carolina 27709, US
4	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	HOTH Caronau avve

12:21PM GLAXO WELLCOME P.21/29 DECLARATION FOR UTILITY OR DESIGN PATENT ATTORNEY'S DOCKET PU4727-1 TION WITH POWER OF ATTORNEY First Numed Inventor: BUXTON GlaxoSmithKlind Corporate iP Complete if known: Received BRENTFO λβρΝο.: () Declaration submitted with initial filing or 2 3 MAR 2004 () Declaration submitted after initial filling (surcharge required 37CFR1.16(c)) Filing Date ATTY: ADMIN: Group Art Unit IPM : N/A ON UPDATED GH: ATTY CHECKED TOLE As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NOVEL FORMULATIONS AND METHOD OF TREATMENT the specification of which (check only one item below): []is attached hereto. [x] was filed on as United States application Serial No. _*10/726,752 or PCT International filed 02 December 2003 and was amended on (MM/DD/YYYY) Application Number (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is

PRIOR FOREIGN AND ANY PRIOR Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	CB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			
I hereby claim the benefit under Title 3	5, United States Code §119(e) of	f any United States provisional application	on(s) listed below
Application No.	Filing /	Date (MM/DD/YYYY)	

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COMBINED DECLARATION FOR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(e) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose information which is material to paternability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BUXTON	IAN	RICHARD
4	INVENTOR'S	Clemanara		Date:
	SIGNATURE	Jan H. Bullon		17 March 2004
_	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	HALTON HILLS	ONTARIO, CA	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
,	ADDRESS	GlaxoSmithKline	Mississauga	Ontario L5N 6L4, CA
•	MANAGOS	7333 Mississauga Road North	_	i
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME	CURRIE	Robin	
2	OF INVENTOR	Signature	100111	Date:
	INVENTOR'S	24 Printing		
_	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIF COUR/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	ADDRESS	Five Moore Drive, PO Box 13398		
			FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
•	FULL NAME	FAMILY NAME	MYRNA	A
2	OF INVENTOR	DELA-CRUZ	MUMA	Dale
	INVENTOR'S	Signature		17 March 2004
	SIGNATURE	Justelle !	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	BRAMPTON	ONTARIO, CA	CA
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP COUE/COUNTRY
_	POST OFFICE	GlaxoSmithKline	Mississauga	Ontario L5N 6L4, CA
3	ADDRESS	•	1,113,1354	,
		7333 Mississauga Road North	FIRST GIVEN NAME	SECUND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	GARY	WAYNE
2	OF INVENTOR	GOODSON	GARI	Date
	INVENTOR'S	Signature		Direc.
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O	RESIDENCE &	CITY	NORTH CAROLINA, US	US
	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	STATE 4 ZIF CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	
	'	Five Moore Drive, PO Box 13398		<u> </u>

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4	MAINESS	7333 Mississauga Road North		
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2		Signature	7	Date 18 Harch 2004
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ŀ	POST OFFICE	POST OFFICE ADDRESS	Mississanga	Ontario L5N 6L4, CA
4	ADDRESS	GlaxoSmithKline	Mississauga	
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7333 Mississauga Road North		SECOND CIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	MOHAN
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2	INVENTOR'S	Signature 1. 9yer		COUNTRY OF CHILZENSHIP
	SIGNATURE	<u> </u>	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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•	CITIZENSHIP	MISSISSAUGA	CITY	STATE & ZIP CUDE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Mississauga	Ontario L5N 6L4, CA
4	ADDRESS	GlaxoSmithKline	11,0310011-6-1	<u></u>
	S	7333 Mississauga Road North	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	GOPAL	
2	OF INVENTOR	MUPPIRALA	1 0017.2	Date: Sale - 1
_	INVENTOR'S	Signature	1 - E	131 10 G
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0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	US
	CITIZENSHIP	FOST OFFICE ADDRESS	CTTY	STATE & ZIP COUP/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	Five Moore Drive, PO Box 1339		
		FANILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	PARR	ALAN	FRANK
2	OF INVENTOR	Signature		Dale:
	INVENTOR'S	Anguine (COUNTRY OF CITAZENSHIP
_	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	US
0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	FRATE A ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY Prince lo Bark	North Carolina 27709, US
	ADDRESS	ClazoSmithKline	Research Triangle Park	1101111 0111111111111111111111111111111
4	ADDICES	Five Moore Drive, PO Box 133	98	SECOND GIVEN NAME/INITIAL
	- DEPT STATE	PAMILY NAME	FIRST GIVEN MAIN	SINGH
_	FULL NAME	SIDHU	JAGDEV	Date
2	OF INVENTOR	Signature		Jaie.
	INVENTOR'S SIGNATURE			COUNTRY OF CITIZENSHIP
_	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	A11
0	CITIZENSHIP	HARLOW	ESSEX, GB	STATE & ZIP CODE/COUNTRY
l	POST OFFICE	POST OFFICE AUDRESS	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline		
_		Five Moore Drive, PO Box 13:	398	SECOND GIVEN NAME/INITIAL
<u> </u>	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	ALLEN
2	OF INVENTOR	STAGNER	ROBERT	Date:
l [*]	INVENTOR'S			
Į.	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CHTIZENSHIP
١٥	RESIDENCE &	CITY	NORTH CAROLINA, US	s 1 US
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l	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13		1
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,	FULL NAME OF INVENTOR	PAMILY NAME VIJAY-KUMAR	AKUNURI	VENKATA
	INVENTOR'S SICNATURE	Signature Auy y L-		17 mar 200 4
0	RESIDENCE & CITIZENSHIP	BRAMPTON	ONTARIO, CA	IN
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	Mississauga	Ontario L5N 6L4, CA



COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4727-1
First Named Inventor.
BUXTON

Complete if known:
App No.:

•

RIP PATENIA

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and solo inventor (if only one came is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (che	cck only one item below):		
a at a Nambaa	States application Serial No. <u>*10/726,752</u> filed <u>02 December 2003</u> and was amende ewed and understand the contents of the above referred to above.	or PCT International ed on (MM/DD/YYYY)(if app we-identified specification, including the claims; as am	

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certific or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below an have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application are filing date before that of the application on which priority is claimed:

Large a filing date before that of	the application on which phothy is classically		
PRIOR FOREIGN AND ANY I	PRIORITY CLAIMS UNDER 35 U.S.C. 119:	Foreign Filing Date	PRIORITY
Prior Foreign Application	Country	(MM/DD/YYYY))	CLAIMED
Number (s)		29 July 2002	X
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	13 June 2003	<u> </u>
3. 0313801.3	GB	15 0 0 10	
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4.		ted States provisional application(e) listed below:
13.	- 4 CT40(A) -Familiai	ted States himbuistollar applications	·/

-	and in the second constitution of the second con	cation(s) listed below:
j	itle 35, United States Code §119(e) of any United States provisional appli	Carlon(b) none
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Application No.	Philog Date (173	
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to parentability as defined in 37 C.F.R. §1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TON	STATUS (C	heck one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENIED	PENDING	ABANDONED	
10/629/177	29 July 2003		x		١.
					<u> </u>

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute f and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEPPENBROCK 919 483 1577

	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GEVEN NAME/PUTIAL
2	OF INVENTOR	BUXTON	IAN	RICHARD
٠	INVENTOR'S SIGNATURE	Stephist	Dutes	
,	RESIDENCE & CTILLENSHIP	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CHICANSELF
	POST OFFICE ADDRESS	rost office Appless GlaroSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY RAME CURRIE	PIRST GIVEN RAME Robin	SECOND GIVEN KAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	STATE OR FOREIGN COUNTRY	COUNTRY OF CITEMESTO
•	RESIDENCE & CITIZENSHIP	DURHAM	NORTH CAROLINA, US	US STATE 4 ZIF CODE/COUNTRY
2	POST OFFICE ADDRESS	rost owner abbasss GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	PASHLY NAME DELA-CRUZ	MYRNA	SECOND GIVEN NAMEDITITIAL A
•	INVENTOR'S SIGNATURE	Signature		Bala
•	RESIDENCE & COTIZENSHIP	MISSISSAUGA	STATE OR POREIGN COUNTRY ONTARIO, CA	CA STATE & ZIP CODEACHAINTMY
3	POST OFFICE ADDRESS	rost conce appares GlexoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
<u></u>	FULL NAME OF INVENTOR	GOODSON	FELST OIVEN NAME GARY	WAYNE Date
	INVENTOR'S SIGNATURE RESIDENCE &	Signature	STATE DE PORESCH COUNTRY	COUNTRY OF CITEZENSHIP
•	CITIZENSHIP POST OFFICE	DURHAM POST OFFICE ADDRESS	NORTH CAROLINA, US	STATE & SIP COPE COUNTRY
1	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

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2	FULL NAME OP INVENTOR	KAROLAK	WLODZIWIEKE	Date
	INVENTOR'S	Signature		COUNTRY OF CITIZENSHIP
1	SIGNATURE		STATE OR POREMENT COUNTY	_
0	RESIDENCE &	MISSISSAUGA	ONTARIO, CA	STATE & ZIP CODE/COUNTRY
1	CITIZENSLIP	POST OFFICE ADDRESS	CTIX	North Carolina 27709, US
- [POST OFFICE	GlaxoSmithKline	Research Triangle Park	Morth Carana 21, 100
4	ADDRESS	Five Moore Drive, PO Box 13398		SECOND GIVEN HAND/INITIAL
		PAMILY NAME	FORT GIVEN NAME	SECOND GIANG HUNDERSTEIN
	FULL NAME	MALEKI	MEHRAN	Dudet:
2	OF INVENTOR	Separate		
	INVENTOR'S		COUNTRY OF CITIZENSPOP	
	SIGNATURE RESIDENCE &	CITY	ONTARIO, CA	CA
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	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	Rescarton 211	·
7		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	PAMILY NAME	VIJAY	MOHAN
2	OF INVENTOR	1YER		Dates
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	SIGNATURE	<u> </u>	STATE OR FOREHEN COUNTRY	I CA
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_	POST OFFICE ADDRESS	CloroSmithKline		
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	FULL NAME	FAMILY NAME	GOPAL	
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•	INVENTOR'S	Signature		COUNTRY OF CITIZENSHIP
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Ð	RESIDENCE &	DURHAM	NORTH CAROLINA, US	AWATE A ZIP CODE COUNTRY
	CITIZENSHIP	POST OFFICE ADDRESS	Research Triangle Park	
_	POST OFFICE ADDRESS	ClaveSmithKline .		<u> </u>
4.	ADDAGGO	Five Moore Drive, PO Box 1339	FIRST GIVEN NAMB	SECOND GIVEN HAMEINITIAL
	FULL NAME	FAMILY NAME	ALAN	FRANK
2	OF INVENTOR	PARR	Apra	Dates
_	INVENTOR'S			COUNTRY OF CUITERSHIP
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0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	THE A TYP CODIVICOUNTRY
	CITIZENSHIP	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
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4	ADDRESS	Five Moore Drive, PO Box 1339	PERT GIVEN NAME	SECOND GIVEN NAME/DITTAL
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	POST OFFICE	ClayoSmithKline	Research Triangle Park	
4	ADDRESS	Five Moore Drive, PO Box 1339	98	SECOND GIVEN NAME/INITIAL
	CIT I NIA SE	PAMILY NAME	ROBERT	ALLEN
2	FULL NAME OF INVENTO	·	KUBERI	Dete:
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0	SIGNATUR	E	STATE OR FOREIGN COUNTRY	COUNTRY OF CITEZENSHIP
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	CITIZENSHI	P DURHANT		North Carolina 27709, US
4	POST OFFIC	~ cmysemithKline	Research Triangle Park	110/102 421
	ADDRESS	Five Moore Drive, PO Box 133	98	
l.		Tive Mont o Division		

	FULL NAME OF INVENTOR	PANELY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	VENKATA Design
0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	CITY MISSISSAUGA	ONTARIO, CA CITY Research Triangle Park	COUNTRY OF CITEZENSHIP IN STATE & ZIF CODE/COUNTRY North Carolina 27709, US